foodgrains getting damaged by cyclones and floods. But the question that I would like to ask the hon. Minister is: Is there a separate arrangement in the FCI system for keeping the Central Pool foodgrains separately? I am asking this as he is making a distinction between the normal storage of foodgrains and the Central Pool storage of foodgrains, Are the two systems parallel or separate?

SHRI SHARAD PAWAR: Sir, firstly, I reply to the point regarding the damages. When it comes to the question of rotten, it means, it is totally useless. Sometimes what happen is, when we transport foodgrains from one place to another by truck and, suppose, there is rain, it is possible that foodgrains become discoloured. Sometimes, we have to procure or buy foodgrains due to demands and insistence from farmers that the Government has to buy even though they are a little below the prescribed norms. They become discolour. So, that type of damages is very much there. But, they are not rotten.

Second question has been asked about the system. We keep two types of stocks; now, three. The first one is, stock has to be kept for regular distribution to the PDS. Secondly, we keep foodgrains as ' buffer stock for emergency. Recently, from this year, we have also started keeping a strategic reserve because we have seen, two years back, we had to import some foodgrains. We don't want to see that type of a situation and, that is the reason, other than buffer stock, a new concept of strategic reserve has also been started from this year. We are taking extra care for these stocks.

Health scenario in the country

*105. DR. GYAN PRAKASH PILANIA:

SHRI LALIT KISHORE CHATURVEDI:††

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of programmes being implemented under the National Rural Health Mission in the country;

(b) the targets fixed for 2007-08 and the achievements thereof, alongwith the details in respect of Rajasthan;

(c) the status of health scenario in the country, programme-wise and where Rajasthan stands in this regard; and

(d) in what manner various national parameters of rural health in the country compare with the developing and developed countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) A Statement is laid on the Table of the House.

Statement

(a) National Rural Health Mission (NRHM) is a strategy to bring about architectural correction in the public health sector for the entire country with special focus on the States of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa, Rajasthan, Jammu and Kashmir, Himachal Pradesh, Assam, Manipur, Meghalaya, Nagaland, Tripura, Arunachal Pradesh, Mizoram and Sikkim. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population.

The NRHM envisages improvements in range and quality of hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of

†† The question was actually asked on the floor of the House by Shri Lalit Kishore Chaturvedi.

resources. The NRHM further aims to provide overarching umbrella to the existing National programmes of Health and Family Welfare including Reproductive and Child Health-II, National Vector Borne Disease Control Programme like Malaria, Filaria, Kala Azar, National Control for Blindness Programme, National Iodine Deficiency Control Programme, Revised National Tuberculosis Control Programme, National Leprosy Eradication Programme and Integrated Disease Surveillance Programme. Further, it addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health. The initiatives under NRHM are benefiting the weaker sections including the poorer and minority community.

(b) As reported by Rajasthan, the targets fixed for 2007-08 by the state and the achievement thereof are as follows:

Indicator	Target 2007-08	Achievement 2007-08		Achievment in 2006-07	Increase in progress %
ANC Registration	2049383	2017195	98.43	1940136	3.97
TT to PW	2049383	1915998	93.49	1838974	4. 19
Three ANC Checkups	2049383	1337321	65.25	1124848	18.89
Institutional Delivery	1844445	1018842	55.24	722746	40.97
Full Immunization	1738250	1615685	92.95	1572896	2.72
Sterilization	457655	335029	73.21	288089	16.29
IUD Insertions	340827	337979	99.16	303358	11.41

(c) The status of health scenario in the country and Rajasthan are as follows:

Indicators	Current Status (National)	Current Status (Rajasthan)
Maternal Mortality Ratio (MMR) Source: SRS-01-03	301	445
Infant Mortality Rate (IMR) Source: SRS-07	55	65
Total Fertility Rate (TFR) Source: NFHS-III	2.7	3.2
Institutional Deliveries (ID) Source: NFHS-III	41	32.2
Crude Birth Rate (CBR) Source: SRS-07	23.1	27.9
Crude Death Rate (CDR)	7.4	6.8

Source: SRS-07

(d) There is no national parameter to judge the progress of the rural health scenario in the developed and developing countries but there are several health indicators like IMR, TFR, MMR, health infrastructure, manpower requirement etc. through which comparison between developed and developing counties *vis-a-vis* India can be done. One of the examples may be analyzing health indicators like TFR, IMR, MMR, under-5 mortality rate, immunization coverage, contraceptive prevalence rate, births attended by skilled health personnel etc. under Millennium Development Goals which are the vital health indicators for assessing the situation between countries around the world. This information is available in the public domain on *website (http://hdr.undp.org/en/reports/ global/hdr 2007-2008)*. While significant progress has been made since independence in improving life expectancy, reducing infant mortality and deaths due to malaria, India has a long way to go in reaching the levels of developed nations in health indicators. The thrust under the National Rural Health Mission is likely to improve the indicators further.

श्री ललित किशोर चतुर्वेदी: माननीय सभापति महोदय, मंत्री महोदय ने प्रश्न के उत्तर में, हिन्दी में जो पेज क्रमांक 2 है, उसमे एक टेबल दी है। "प्रसव-पूर्व परिचर्या के लिए पंजीकरण" में लक्ष्य 20 लाख 49 हजार 283 और उपलब्धि 20 लाख 17 हजार 195, 98.43 प्रतिशत है। राजस्थान में इतना पंजीकरण हुआ है। अगर आप कॉलम नंबर 3 में देखे तो "प्रसव-पूर्व तीन जांच" में लक्ष्य 20 लाख 49 हजार 383 और उपलब्धि 13 लाख 37 हजार 321, 65.25 प्रतिशत हुई है। उसी तरह अगर आप "बंध्यीकरण" का देखें तो लक्ष्य 4 लाख 57 हजार 655 है और 3 लाख 35 हजार 029 उपलब्धि है। माननीय सभापति महोदय, मैं इसलिए कहना चाहता हूं कि राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत ये जो लक्ष्य पूरे नहीं हो रहे हैं, तो क्या मंत्री महोदय यह बताने की कृपा करेंगे कि आधारभूत संरचनाओं पर विशेष ध्यान नहीं दिया जा रहा है, ग्रामीण क्षेत्रों में, इसलिए लक्ष्य पूरे नहीं हो रहे है, इसके लिए सरकार क्या कदम उठा रही है? यह बताने की कृपा करें।

DR. ANBUMANI RAMADOSS: Sir, under the National Rural Health Mission, the figures of targets fixed for Rajasthan are given in this column. Sir, this Programme was launched on 12th April 2005 by the hon. Prime Minister. This is a flagship programme of this Government. Under this Programme, we give a budget allocation, the State Governments implement it; including Rajasthan. This Programme is focussed for Northern States, especially, Rajasthan, M.P, U.P, and such other States, which have low indices of paramedics. This being a social sector, under this Programme, we had to do the basics in the beginning. Since health was neglected all these years, so, for this National Rural Health Mission Programme, we had to set up the infrastructure, district health societies, State health societies, *Rogi Kalyan Samithies,* and health and sanitation committees in each village of the country. We had to have more personnel; more doctors, and where there are no doctors, we are focussing on having more nurses. So, a whole lot of infrastructure is being set up under this Programme. Rajasthan is a big State, it is a vast State; it has about 5.5 crore population. It is a huge State. But, at least, the positives of Rajasthan are that people are coming forward. They are getting confidence in the public health system. They are coming forward for anti-natal check-ups. Institutional deliveries are happening. Under this Programme, we have a scheme called, *"Janani Suraksha Yojana"* all over the country. Sir, in 2005, about 6 lakh women came under it. In 2006, nearly about 30 lakh women came under the JSY. It is about institutional deliveries. We are giving about Rs. 1400/- to the mothers who come to the institution for delivery. In 2007, there were about 73 lakh mothers who accessed this Programme. They are coming to institutions for delivery,

so, there is reduction in infant mortality and maternal mortality. I would like to say that in 3 years, nearly one crore women have accessed this Programme and benefited from this Programme. So, this is something which is rolling out in the entire country. A silent revolution is happening. I would like the hon. Members to please point out the deficiencies. Please point out the deficiencies in your constituencies, in your States and districts. We will take cognisance of them. We will request the States to take it up. In Rajasthan alone, during the last four years, they have given, approximately, Rs. 1,800 crores to one scheme alone under the National Rural Health Mission. Today you visit any part in Rajasthan, you will see health infrastructure. Earlier and today; just compare the last three years and today's performance; you will see that there has been a complete transformation in infrastructure, facilities, manpower, and ANMs. There has been a sea change. It mostly focuses on Northern States.

MR. CHAIRMAN: Question Hour is over.

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WRITTEN ANSWERS TO STARRED QUESTIONS

Import of pulses

*101. SHRIMATI SHOBHANA BHARTIA: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) whether Government has recently decided to import pulses from foreign countries to augment domestic availability and to check its rising prices;

(b) if so, the details thereof and under what terms and conditions such imports of pulses have been allowed;

(c) whether the indigenous production of pulses has fallen in the past few years;

(d) if so, the factors responsible for fall in production of pulses; and

(e) the steps taken by Government to encourage production of pulses in the country and to avoid its import?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHARAD PAWAR): (a) Yes, Sir.

(b) In order to augment the domestic availability of pulses and stabilize its prices, Government permitted PSUs namely STC, PEC Ltd., MMTC and NAFED to import pulses during 2007-08 and 2008-09 with reimbursement of losses up to 15% of landed cost and service charge of 1.2% of CIF value. The PSUs are to dispose the pulses in a transparent manner as approved by their respective managements. PSUs and NAFED imported 13.2 lakh tonnes and 3.5 lakh tonnes of pulses in 2007-08 and 2008-09 (up to 16.10.08) respectively.

(c) No, Sir. Pulses production in the country increased from 13.13 million tonnes in 2004-05 to 14.19 million tonnes in 2006-07. There has been a record production of 15.11 million tonnes of pulses during 2007-08 (Fourth Advance Estimate).

(d) In view of (c) above, does not arise.

(e) Government is implementing several Central Sector/Centrally Sponsored Schemes for enhancement of agriculture production including pulses. Some of the major initiatives and steps taken by the Government are:-